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Mental Hospitals

Volume 4 Number 8

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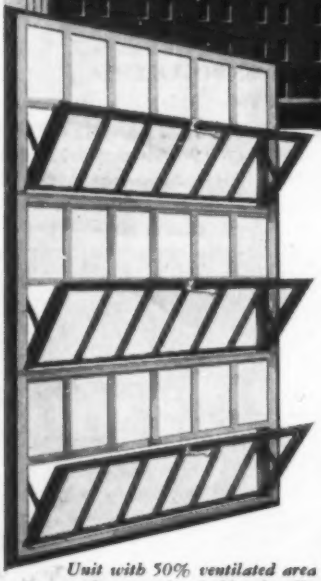
The Chairman of the Patients' Council at Northville (Mich.) State Hospital presents suggestions to the administrative staff.



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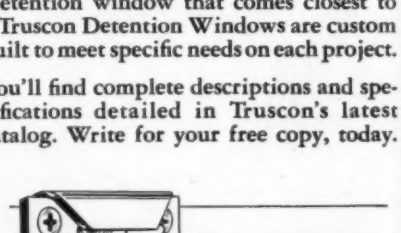

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THIS MONTH'S COVER

When Dr. Philip N. Brown opened the new Northville (Mich.) State Hospital with 244 long-term "chronic" patients transferred from other hospitals, he faced a serious problem. These patients, with an average of nearly 9 years of hospital life, seemed to be "institutionalized." They had fixed and negative ideas regarding their role in the hospital. They did not readily take part in any activities and were loath to leave the hospital for any kind of work placement.

Since it is known that an elaborate social structure develops in a mental hospital which involves both staff and patients,* a device was needed to mold this relationship into constructive channels—a device which would readily be applicable to the newly admitted patients who would follow. The idea finally adopted was a Patients' Council developed on democratic principles—patient-run and patient-elected—which would meet with the administrative staff on a planned basis. This would give patients a chance to assume some responsibility.

There was some apprehension among staff members that Council meetings would be merely "gripe sessions." On the contrary, they have produced many useful suggestions aimed at improving hospital conditions for the patients. These suggestions have demonstrated dramatically to the staff that nobody but a patient can truly appreciate the problems of confinement.

Among reforms initiated by the Council have been a drastic improvement in the food service, and modifications of certain ward regulations to give patients more freedom and responsibility.

In the absence of a recreational therapist, the Council has helped to provide recreational outlets for other patients. It was a Council suggestion to use the auditorium for recreation when it was not being used for lectures and meetings. A current project is to establish a patient recreation group to entertain closed ward patients.

The attitude of ward personnel toward the patients has become one of greater cooperation rather than control. This has helped prevent new patients from developing the usual negative attitudes. Staff members have a better appreciation of the need to respect the rights of the patient as a person. Patients in turn have become less "hard to handle." Such a cooperative interplay between staff and patients is a good positive social structure which does aid the therapeutic regime.

* See "Social Forces in the Hospital," by Dr. T. J. Boag, pp. 4 & 5.

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Social Forces in the Hospital

Their Relation to the Individual Patient and His Treatment Goal

By DR. T. J. BOAG

Allan Memorial Institute, Montreal, Que.

During the last few years we have begun to devote increasing attention to the social forces operating on the mental hospital patient. He is not suspended in a neutral environment, where the only influences brought to bear are the therapeutic efforts of his doctor. He is subjected also to multiple pressures from the groups of which he is a member.

Some of these pressures are overt, "official," and, partly at least, intentional. Others, equally important, are covert, "unofficial," usually unknown to the staff, and, to a large extent, to the patients themselves. These pressures originate in the spontaneous informal groups found among patients. As soon as the patient enters the hospital, he becomes part of a community, with its sub-groupings, formal and informal, and its own value-systems, which define his role—the way he is expected to behave and feel, his attitudes towards other members of this community, his goals and so on.

We see this process in action, and its effects on the individual patient, in the course of our everyday work. We all know how an outburst by one patient can initiate a spreading wave of anxiety, hostility and other disturbances until a whole ward is upset. We see the patient who "regresses" further on admission; as soon as he enters an environment where disturbed behavior is tolerated, and, perhaps, expected, he shows increasing deviation from "normal" standards. We see the chronic custodial wards where the staff expectations and the spontaneous social system among the patients make it difficult for a patient to show anything but "deteriorated" behavior. In almost all hospitals where there is a program to improve living conditions and increase the activity of chronic patients—in other words, to change the hospital subculture so that it more closely approximates that of society outside the hospital—the patient group responds by increasingly "normal" behavior.

Either Helpful or Harmful

These group pressures are always at work, whether or not we are aware of them, and they may be either helpful or harmful from a therapeutic viewpoint. What, then, do we know about these forces, and what can we do to turn them to useful purpose? Our knowledge is still fragmentary, but a number of interesting investigations and attempts to use these forces have been reported.

Caudill and others describe an experiment in which an observer entered a hospital in the guise of a patient. He described the pressure exerted on him by other patients to behave in the manner laid down by their traditions; to conceptualize his therapeutic goals, his relationship to his therapist and so on according to the view of the group, and to cooperate in treatment in the way the group had ordained. So far as hospital rules were concerned, this group of patients had considerable freedom of action, but the observer found that their social life was governed by a body of tradition which they themselves had built up.

Stanton and Schwartz have traced the relationship of staff disagreements to disturbed behavior in patients; they show how resolution of the tension between the staff members promptly leads to the disappearance of disturbance in the patient.

An experiment described by Miller and Clancy shows how changes can be brought about in a group of chronic deteriorated schizophrenics in custodial care, by changing their environment to approach more closely that of society outside the hospital. These authors are concerned not only with the physical changes made, but also with the subculture of the patient group and the interpersonal relations within this group.

"Patient Government" at the Boston Psychopathic Hospital is an experiment in which a good deal of responsibility for organizing activities and suggesting modifications in hospital routine is carried by the patients. Somewhat similar but more comprehensive was the so-called "Northfield Experiment". This was the introduction, in a large war-time military psychiatric hospital, of some degree of patient-government and the gradual establishment of the idea that all activity in the hospital should be regarded as potentially therapeutic.

Conforms to Expectation

In the Allan Memorial Institute we have satisfied ourselves that it is possible to treat in an open hospital many patients who, previously, we would have felt needed a closed setting. Expressing it crudely, one might say that when the patient finds that neither the other patients nor the staff seem to expect grossly disturbed behavior, he begins to conform to this expectation. There are, of course, exceptions, and when an outburst does occur, it is liable to spread rapidly like a contagious disease. Dr. D. Ewen Cameron has recently been treating such disturbances, rather successfully, as emergencies, to be dealt with immediately by a special emergency team, before any spread can occur.

We have found such activities as ward discussion groups, and the Discharge Group where patients due for discharge within a few weeks talk about the anxieties and problems of discharge, very useful in formulating positive aims and group standards.

Probably the most comprehensive effort to turn the pressures exerted by the hospital community and its value-system to therapeutic effect is that undertaken by Maxwell Jones in his Industrial Rehabilitation Center in Belmont Hospital, London. Although all standard methods of treatment are available, individual attention is minimized and emphasis put on exposing the patient to a community whose cultural tradition demands that all activity should be aimed at the examination and understanding of one's behavior, the learning of better ways of relating to others and the return to a productive life in the community. Maxwell Jones makes extensive use of various types of group discussion, including psychodrama, and job re-training, either in the hospital workshops or in factories in the neighborhood.

Perhaps we can make a tentative formulation of the principles, or perhaps they are better described as rules of thumb, that we can extract from these experiments, which are relevant to the problems of the mental hospital.

Hospital as Therapeutic Community

The first is that since the patient is affected 24 hours a day by multiple pressures from his environment and since official "treatment" is only one of these pressures, our aim must be to establish the whole hospital as a therapeutic community, all its pressures pushing patients toward the treatment goal rather than away from it. This can only be done with the full cooperation of the staff, and with adequate channels of communication, so that covert as well as overt disagreements can be settled. This is particularly important when any extensive change in administrative arrangements has to be made; this can give rise to staff anxieties, as, for example, the doctor who may fear interference with his personal control of "his own" patients.

Evidently the powers of the group can be made to work more effectively insofar as the patients themselves take some responsibility for exerting them. The extent to which they can do this will clearly vary a good deal, depending on the severity of their illness and other factors. Any delegation of authority, however, must be genuine—the patient group should not be asked to contribute unless the staff are prepared to give genuine consideration to their suggestions. Group discussions seem to be an effective way of establishing the desired cultural pattern, both in dealing with disturbing situations, and in formulating positive goals. Conscious formulation of the problems helps, particularly when members of the group commit themselves to a course of action.

The Psychiatrist's Role

The psychiatrist's role may take two forms: he may either attempt to resolve the problem, or simply to identify it and leave its resolution to the patients. His choice will depend on circumstances and, in particular, on his estimate of the ability of the patient group to handle the matter.

Finally, the life of such a therapeutic community must be related to the real life of the larger community outside the hospital. We must aim at erasing the sharp dividing line between the hospital society and society at large, since it is to the latter that we hope our patients will return, with the ability to make an adjustment to it.

Psychology

PSYCHOLOGY DEPARTMENT INCREASES SERVICES

When the staff of the Montana State Hospital psychology department was increased, a careful plan was drawn up aiming at improvement in treatment, research and training in all departments of the hospital, oriented around the functions of this department.

Direct improvement in patient service included a greater number of patients examined, the increased quality of the examinations and more types of problems referred to the department for examination. During the first six months of the new plan, one hundred and fifty patients were examined, each receiving from one to six tests. Therapy contacts were increased to take in 156 patients (128 in group and 28 in individual therapy.) Each patient received from one to forty-one sessions and the total number of therapy hours was 1,698.

Close cooperation is maintained with the ward doctors, and members of the department are closely supervised in their therapy cases. The therapy efforts of all staff members have been integrated more closely with the over-all treatment program of the hospital.

A special project has been the therapy program for alcoholics, and favorable results show in the successful readjustment of these patients in the community. The psychology department's work with this group has relieved members of other departments, giving them more time for other activities. The department has contacted local law enforcement and judicial authorities to try to bring about more uniform interpretation of State laws and therapeutically desirable handling of alcoholics in local courts.

To further the professional advancement of members of the psychology department, personal supervision and seminars on diagnostic testing, personality and therapy are provided. A joint training program has been worked out with the Psychology Depart of Montana State University and selected graduate students in clinical psychology receive training and experience as interns at the hospital. At the end of their year of hospital work, these people will be available for related employment in the state. The psychiatric service works closely with the psychology department in an in-service training program, at an advanced professional level, and in the training programs for nurses and student nurses.

The nursing department, psychiatric staff and psychology department are working together on psychiatric behavior charting with research implications. Another research project, which involves psychiatric, psychology and laboratory staff, concerns insulin shock therapy. (20-1)

Legislation

ILLINOIS AMENDS MENTAL HEALTH CODE

The Illinois Mental Health Code, which was revised in January 1952 to conform with the principles of the Model Draft Act, was further amended by the last General Assembly. One of the new provisions states that patients who receive absolute discharge as "improved" or "unimproved" shall have their citizenship rights restored. Previously this section of the law referred only to those granted absolute discharge as "recovered."

The original section of the Code which provides that treatment fees of state mental hospital patients may be charged to the patients, their estates, their spouses, parents or children, has been modified to exempt children from being responsible for parents who have neglected them.

The third amendment permits the newly-formed Youth Commission, which has jurisdiction over the state juvenile correction institutions, to transfer delinquents to state mental institutions for periods up to 90 days. (15-13)

THE PATIENT DAY BY DAY

Nursing Service

COLORED INKS SIMPLIFY DAILY WARD REPORTS

The Milwaukee County (Wis.) Asylum has devised a plan to make ward report books easier to keep and to read. Attendants on the day shift use blue ink to enter their reports about medications or treatments, and any unusual incidents. After each report sufficient room is left for the afternoon shift to record additional information in green ink and the night shift in red ink.

This eliminates each shift making individual reports about the same patient, and supervisory personnel can tell at a glance what has happened to a patient during the preceding 8-hour periods. (16-6)

Ancillary Services

MUSIC GOOD ADJUNCT TO THERAPY

It has been known for some time that music can be used for other purposes than recreation or occupation. At Spring Grove (Md.) State Hospital, a full-time music therapist reaches patients in all areas of the hospital as part of the treatment program.

In group work at this hospital, music is used essentially to elicit emotional responses where such responses can be dealt with therapeutically. A musical approach is non-threatening to a group and is a natural means for group organization. The pace of therapeutic progress can be set by the patients. Workers have observed significant changes in attitudes, motivation and in self-expression.

Selected music for small groups of disturbed patients has led to relaxation and better ward adjustment, if the mood of the music is gradually altered to coincide with the patients' own responses. Music can also be used to alleviate excessive energy in a disturbed patient and to channel his interest toward his environment. This has sometimes been used successfully with disturbed patients in seclusion. Most are able to return to the ward in a short time and take part in ordinary routine again. Music before and after shock therapies helps to relax the patients.

When the program was started, withdrawn, frightened, depressed and inaccessible patients were assigned to it, as well as some manics. The music, introduced as a non-threatening device, helped induce a feeling of reality through its associative emotional values.

In a group setting, neutral music is played as the patients enter the room and become acquainted with one another. The therapist then explains that patients may take part in a discussion but that this is not compulsory. Associative music is played and the patients' reactions are for the most part consistent with the musical moods.

During the initial sessions patients' responses were superficial, directed mostly to the therapist. But interaction with fellow patients developed as the sessions progressed and patients began to realize that many of their problems were about adjustment and that such problems were common to the group. (23-11)

COLORFUL DECOR AIDS TOTAL PUSH EFFORTS

Central Islip (N.Y.) State Hospital has created a special Rehabilitation Unit for post-lobotomy and insulin patients where cheerful, homelike surroundings play an important role in the re-socialization process. A former dormitory building was remodelled to provide living accommodations for about 40 men and 75 women patients. The bedrooms, most of which are single, are decorated in sunny pastel colors. Deep coma and combined insulin therapy are given in a 30-bed clinic on the first floor.

The activities program lays heavy emphasis on recreation, with both day and evening events scheduled. An adjacent courtyard permits outdoor sports in good weather. The building has two occupational therapy shops, one of which is outfitted for woodworking and light carpentry. Men and women patients mingle freely in all activities. Group psychotherapy is given to patients who have completed their insulin series and to selected post-lobotomy cases. (23-12)

Mental Defectives

ADOLESCENT DEFECTIVES GET PSYCHIATRIC CARE

A new program has been put into operation at Sonoma (Calif.) State Hospital for the mentally deficient, following the transfer of a number of patients to the new hospital at Porterville. A cottage vacated by this transfer has been put into operation as an active treatment center for adolescent boys in need of help with personality or emotional problems.

Since all are mentally deficient in this group, the overcoming of the emotional disturbance is the only purpose of the program.

The treatment team is composed of the ward physician, charge technician and one representative from each of the supportive therapy departments. Full use is made of all facilities, such as the wood-working and handcraft shops, sports, library, field trips, education and vocational training. The patients are not given any job assignment that interferes with the treatment plan and are assigned to work only by special arrangement with the ward physician and the team. (17-6)

Recreation

PATIENT-STAFF BALL TEAM RAISES PATIENT MORALE

The softball team at Modesto (Calif.) State Hospital is composed of the chaplain, the supervisor of rehabilitation, the recreation therapist, three technicians, an ex-patient and fifteen patients. This team won the hospital league championship for the season, but it was questioned at first if it was wrong to put an employee on the team in place of a patient.

The hospital reports, however, that patients' morale was greatly improved by the winning of games, and this was only possible if certain players (employees, as it happened) were used at key positions. The patients who were

consequently omitted were so cheered that "their team" won that this more than offset the "left out" feeling which might have been expected. Every patient-player, however, was called into play at least once during the game.

The patients felt that the employees were just as human as they were—but no more so; that they too liked to win and hated to lose, but that there was a limit to the extent to which these feelings could be justifiably "acted out."

They saw technicians taking orders from the manager of the team, a patient; they watched the chaplain obey without question orders from another patient-player to bunt or hit away. This comradeship helped their own inter-personal relationships.

"Little did we realize how much it meant to a patient to be part of a winning team," reported the therapy department. "We found that they are just as happy to have the team leading if they are on the bench as if they were in the game themselves." (7-7)

Dietetics

TASTE TESTS ENSURE HIGH FOOD STANDARD

At Anna (Ill.) State Hospital, a panel consisting of the dietician, assistant dieticians, food servers, cooks and patients conduct a taste test on each dish daily, filling in a carefully prepared form with their findings. A typical entry might be: "Roast Pork: color, pink; uniformity, hard to cut in uniform pieces; taste, very good; texture or tenderness, tender (outside burned.)"

At the end of each month a summary is prepared of such findings and used as a guide to improve the food buying, preparation, serving, etc.

Spot checks on plate waste help the dietician to determine the likes and dislikes of various types of patients.

Staff and patients are served the same food and this has helped considerably in maintaining the high quality of the food service. The per capita, per diem food allowance for each patient and staff member is 81 cents. (3-5)

Clothing

Better Handling Improves Clothing Situation

By B. H. McNEEL, M.D.,

Superintendent, The Ontario Hospital, St. Thomas, Ont.

Two years ago, this 2,000-bed provincial mental hospital set up an office in the admitting unit to handle all matters concerning patients' own clothing. A clerk and a ward aide supervise the procurement, maintenance and disposal of clothing items belonging to patients. At present most of their attention is given to patients entering and leaving the hospital, but we hope to expand the service to cover all patients.

The admitting unit consists of a 3-bed room for men and another for women. By having the clothing office next to the admitting rooms, the clothing clerk is able to assist the ward supervisor in admission procedures. Together they check all clothing and valuables which the patient brings with him. Relatives are requested to take home all excess or unsuitable clothing, as well as suitcases and such valuables as watches, rings and purses, and must sign a receipt for these articles. This has cut down the overloading of clothing lockers and the storage of valuables by at least sixty percent.

Clothing which the patient will keep during hospitalization is recorded on a ward clothing card and on the clothing office's record book. Any valuables which must be retained by the hospital, such as keys, money or a driver's license, are taken to the Bursar's office for safekeeping. These are also recorded, and both ward supervisor and clothing clerk sign all such records.

Clothing Needs Discussed

Since the clothing clerk is present at admission procedures, it is possible for her to discuss the patient's clothing needs with the accompanying relative and to explain the proper procedure for sending or bringing additional clothing. That this plan has noticeably improved the relatives' cooperation is reflected in the greater amount of private clothing in use by our patients.

When the admission routine is completed, the patient's initials and surname are stamped on a tape in indelible ink by a marking machine. The name tapes are attached by sewing machine to each garment. We have found this method provides a more durable identification mark than hand-sewn tags or embroidered names. After being marked each garment is rechecked with the clothing record book and sent to the patient's ward.

Acknowledgments to Donors

The clothing clerk is also responsible for garments received by mail or from visitors. After the garment has been fitted to the patient by the ward supervisor, an acknowledgment slip is signed by the supervisor and returned to the clothing clerk to be sent to the donor. The garment is also returned to the clothing room to be marked. The clothing clerk returns any unsuitable garments to donors and suggests replacements.

When a patient needs new clothing the ward supervisor sends a list of requirements to the clothing clerk, who sends out a request to the relatives. If the patient's estate is under the control of the Public Trustee, the clothing clerk estimates the amount of money needed and sends a requisition for this amount. On receipt of the money, the clothing clerk does the purchasing locally, trying to make choices which will not only fill the need, but will also meet the patient's personal tastes. She also makes purchases on behalf of relatives who prefer to send money for this purpose instead of sending garments.

The staff, since the inauguration of this program, shows a renewed interest in the patients' needs, knowing that there is a good possibility of their being filled through the clothing office. The hospital has benefited from the simplified admission procedure, and the reduced need for institutional clothing. Relatives have a better understanding of their patient's requirements, and are assured that the clothing they supply will be in responsible, solicitous hands. And the patients, of course, are better satisfied in wearing clothes which belong to them personally.

EDITORIAL

According to its agreement with the American College of Surgeons, the American Psychiatric Association in 1951 assumed responsibility for the inspection and rating of mental hospitals. Its Central Inspection Board is completing inspection of its 84th hospital.

In the spring of 1953 ratification of the agreement was approved by the Council of the A.P.A. and the Joint Commission on Accreditation of Hospitals. This agreement provided that A.P.A. would inspect and rate mental hospitals and that a joint certificate would be issued by the two groups.

The agreement further provided that inspection and rating of psychiatric units in general hospitals would be done by the Joint Commission using standards furnished by the A.P.A. and that the A.P.A. would inspect and rate medical and surgical units, pathological laboratories, etc. in the mental hospitals, using standards furnished by the Joint Commission.

It is, therefore, of extreme importance that the standards for public hospitals have already been developed and that standards for other types of psychiatric facilities be produced as soon as possible.

Part One of Standards for Psychiatric Hospitals and Clinics was approved and published in November 1951. These standards for public mental hospitals were prepared by the Committee on Psychiatric Hospital Standards and Policies of A.P.A. and have been very well received. The Committee is well along in preparation of Standards for Psychiatric Units of General Hospitals, which will comprise Part Two, and these will be followed by Standards for Out-patient Clinics, Private Psychiatric Hospitals, and State Schools.

The technique employed in preparation of standards embraces (1) collection of basic pertinent facts; (2) preparation of a first rough draft; (3) study and working through of a series of drafts until the Committee is in general agreement; (4) submission of such approved draft to a representative number of experts in that area, including representatives of the Affiliate and District Societies; (5) study and compilation of suggestions and criticisms from replies received; (6) completion of final draft for formal approval of the Committee; and (7) presentation of final draft to the Council of A.P.A. for its study and approval.

It can readily be seen that the preparation of these standards is laborious, difficult and complicated. The standards as they emerge must include proper broad fundamental principles and concepts as well as the details so essential to the long-range operation of an inspection and rating system.

The Committee on Psychiatric Hospital Standards and Policies is working hard to complete the job at hand. It welcomes suggestions and criticisms from anyone interested in hospitals and clinics but most particularly from member hospitals of the Mental Hospital Service.

ADDISON M. DUVAL, M.D.,
Chairman, Committee on Psychiatric Hospital Standards & Policies.

M. H. S. News & Notes

Institute Enrollments High

Registration for the Fifth Mental Hospital Institute far surpasses that for the Fourth Institute at this time last year.

Already 170 superintendents, business managers, nurses, social workers, psychologists, dietitians and aides have completed their advance enrollment forms to save themselves time and trouble at the Registration Desk in the Hotel Marion, Little Rock, Ark. Forty States and 3 Canadian Provinces are represented. One State Hospital has registered nine staff members.

Several exhibits are planned, including one showing the work of the A.P.A.-M.H.S. Clothing Committee during the past year. Literature on discussion topics is being prepared by the leaders for distribution to delegates.

Members of the Local Arrangements Committee, Harold W. Sterling, Manager, North Little Rock VAH, Cleve C. Odom, Superintendent, Arkansas State Hospital, Delmar Goode, Manager, Little Rock VAH, Robert G. Carnahan, Asst. Superintendent, Arkansas State Hospital, Ewin S. Chappell, Acute Service, North Little Rock VAH, and William G. Reese, Dept. of Psychiatry, Univ. of Ark., Little Rock, have arranged tours of local hospital installations.

The dates of the Fifth Mental Hospital Institute are from October 19th through 22nd.

Training

REHABILITATION TECHNIQUES TAUGHT AT CROWNSVILLE

So successful was the newly introduced rehabilitation therapy course for aides at Crownsville (Md.) State Hospital that the course is to be used to train Therapy Aides from other State hospitals. The course is of four weeks duration and includes the theory and application of rehabilitation therapy principles and techniques. The purpose of the course is to train auxiliary workers to operate under the supervision of registered therapists.

To date, sixteen aides have graduated from the course and their increased knowledge is reflected in a new interest in the patients they serve.

At Crownsville the Occupational, Recreational and Industrial departments were first merged to enable the director to focus on the single goal of total patient treatment. As soon as the merger took place, new facilities had to be added, since after only a month of operation about 10% more patients were being served.

The impetus of the more stimulating program quickly attracted additional and better qualified personnel. The training course for aides was introduced primarily to extend and improve the Rehabilitation Therapies in the hospital itself. (13-16)

RESIDENTS TRAINING AT PRIVATE HOSPITAL

During the past year the Seton Institute at Baltimore, Md. has been reorganizing its training program for residents. In addition to the regular diagnostic and therapeutic conferences, weekly case seminars have been established and four lectures on comparative dynamics were arranged.

A planned series of weekly lectures and discussion by members of the Visiting Staff of the Institute and a

number of guest speakers included talks on psychiatry and religion; psychiatry as practiced in Japan and Korea; the teaching of Adolf Meyer; the treatment of Negro patients; geriatrics in psychiatry; the need for investigation into the process of psychotherapy; semantics; music and psychiatry; analytic art.

Special evenings were devoted to discussion of psychoanalytical concepts. Different religious beliefs and practices were outlined by outstanding representatives of various religions. (13-16)

REFRESHER COURSE FOR NURSING SERVICE

A three-day refresher course was held for nursing personnel at East Moline (Ill.) State Hospital recently. The course reviewed hospital policies and revisions in administrative practices which affect the nursing department. Representatives from the Personnel, Clothing, Dietary, Psychology, and Nursing Administration departments served as instructors.

HOSPITAL EXTENDS GROUP THERAPY PROGRAM

In California, DeWitt State Hospital has found a way to extend the benefits of group therapy to many more patients through a new program of training psychiatric nurses and technicians in group dynamics and psychotherapy.

Planned at first as an opportunity for nurses to observe group therapy, the program was recast to contain concentrated emphasis on the principles and techniques of group dynamics, and to take in nurses and technicians as pupils. Periodically, a psychiatrist participates in step-by-step handling of various groups to clarify and point out significant aspects of group therapy. Nurses and technicians are assigned to patient therapy groups as regular participators, observers, recorders or leaders, according to their competence.

The hospital management believes that these classes are a good way to develop skill in manipulating and managing a group in the day-to-day work of caring for mental patients, and that the psychiatric nurses and aides can become effective group leaders, especially with long-term patients. (18-9)

ARCHITECTURAL STUDY

Early Developments In Organization

By JOHN L. SMALLDON, M.D.

Director, Architectural Study Project

The Architectural Study Project, announced by Dr. Kenneth E. Appel, President, in the June 1953 issue of MENTAL HOSPITALS, has established its headquarters in the office of the Medical Director, under whose overall supervision it will be conducted.

We are working in cooperation with the American Institute of Architects. The President of the A.I.A., Mr. Glen Stanton of Portland, Ore., has appointed two members, Mr. Slocum Kingsbury, Washington, D. C., and Mr. Moreland G. Smith, Atlanta, Ga., to serve with the Mental Hospital Service Consultants in an advisory capacity. Mr. Frank W. Bail, Fort Myers, Fla., has helped us in the planning stages.

We have also had advice and cooperation from members of the staff of the School of Architecture and Planning, Massachusetts Institute of Technology. Dean Pietro Belluschi, and Professors Lawrence Anderson and Burnham Kelly of that Faculty have been generous in their time and guidance.

Specialist Staff Members

Mr. Alston G. Guttersen, who has formerly done research in mental hospital architecture for the Division of Hospital Facilities, Dept. of Health, Education & Welfare, will shortly head the architectural aspect of the Study. Engineering specialists and draftsmen will be available as the Study develops.

It has been suggested that one or more graduate architectural students or fellows might be employed in the study to work on specific problems, i.e. windows, floors, lighting, etc. with the advisory help of their school faculties. There is also the possibility that M.I.T. facilities may be made available for laboratory research on specific structural and design problems, for instance, on the use of plastics as building materials. Arrangements might also be made for this school, and perhaps others, to send graduate students working for advanced degrees to do field training on specific projects in state hospitals located in the area of the school. Correspondence is invited from hospitals interested in such arrangements.

Surveys of existing mental hospital buildings are planned by the study staff. As material, including plans and illustrations, becomes available, it is expected that it will be disseminated to interested hospital authorities and architect-engineering firms through MENTAL HOSPITALS, other periodicals, and in the form of loose leaf bulletins.

New mental hospital construction and extensive remodelling of existing structures are urgently necessary and currently planned all over the country. The Hill-Burton program places much emphasis on mental hospitals this year. It is hoped that the Architectural Study will fill the long-overdue need for cooperation between psychiatrists and architects to provide comfortable, psychologically attractive and administratively efficient buildings. The needs of hospitals for the mentally ill, for the mentally deficient and for the epileptic will be considered, as well as out-patient clinics and psychiatric units for general hospitals, both for new structures and for necessary remodelling.

Suggestions Invited

As the study gets under way, we wish to remind mental hospital people that it is being conducted in the hope of providing the assistance so frequently and urgently requested. To do so, we must hear from you, not only regarding your problems, but also about new construction you may have which seems to embody improvements.

Further progress reports on the study will appear regularly in MENTAL HOSPITALS. May we also include your comments and suggestions?

Administrative Procedure Benefits Clinical Program

By L. E. TRENT, M.D.

Former Manager, Veterans Administration Hospital, Danville, Ill.

The problem of the "lost" patient in the continued treatment service of a big mental hospital was first dramatized by a technical bulletin written by Dr. Lucy Ozarin of the V.A. Central Office. In this bulletin Dr. Ozarin made a number of practical suggestions for reaching the chronic patient so that all the therapeutic disciplines available could be integrated into a program specially designed for each patient's needs.

We had 1,500 chronically psychotic patients; each one of four full-time and two part-time physicians was responsible for the care and treatment of about 330 of them. Their time was taken up with patients who presented acute physical or mental disturbances; assignments to rehabilitation activities were at best haphazard and patients who tended to become withdrawn were largely unreached except for the non-specific ward activities such as picnics, movies, sporting events etc. This lack of individual attention favored regression and deterioration.

Patient's Work Sheet

Dr. Ozarin's first suggestion was that a work sheet be made for each patient, which showed clearly his full day's program. In each of the 13 continued treatment wards the nursing service prepared such sheets, in the form of a table showing activities from getting-up-time to bed-time each day of the week. The original preparation was time-consuming, but on completion these sheets presented a very revealing picture. The activities of many patients were confined to going to meals, to the barber shop, to the movies and to bed. We expected to find this situation in a few cases, but the extent to which it existed throughout the service came as a shock to the professional personnel when they saw it in this graphic form.

Next we organized a special staff to provide assistance to ward physicians in developing a program for every patient in the continued treatment service. This staff today consists of the chief or the assistant chief of professional services; the ward physician and the ward nurse; the chief of physical medicine and rehabilitation; a clinical psychologist; a representative from social service and the vocational adviser.

This staff meets for one hour a day on a particular ward. On the following day it moves to the next ward, and so on through the entire service, in regular rotation. The composition of the staff remains fairly constant, except that as it moves from ward to ward, there are different ward physicians and different ward nurses.

Taken in Rotation

We soon discovered that in one hour this staff could consider about ten cases. Patients therefore are taken in groups of ten from the roster of each ward. Any who are not considered come up in rotation for consideration next time. We now manage to consider each patient on the continued treatment service once every six months. Scheduling for consideration is not rigid and if any patient shows a particular change or development, he may be considered out of turn at the next staff meeting on his ward. When a patient is transferred to a new ward from any other part of the hospital, he comes up for consideration by the staff at their next meeting there.

In the operation of these ward staff meetings the staff people get the names in advance, so that they can assemble data in respect to the individual patient. The ward physician and the ward nurse arrange for special interviews with the ten patients before the meeting.

Case Procedure

When the staff assembles on a ward, the ward physician is the chairman and takes up each case in turn, giving a very brief clinical summary, a review of what has been done in the past for the patient, what is now being done and what future planning could be developed. There is then open discussion of the case. After this the chief of professional service or his assistant summarizes the material and indicates possible approaches to whatever problems are presented. A plan and schedule for the patient are developed and entered with the appropriate date on the back of his individual schedule sheet. In most cases, staff action is advisory only to the ward physician, though the chief of professional services may, if he wishes, make staff recommendations mandatory. Usually however, the ward physician takes the recomendations and determines suitable action, entering his instructions on the doctor's order sheet. The nurse then alters the patient's schedule to reflect his daily activities from then on.

This program has been in effect about three years, and receives the enthusiastic support of the entire professional staff. We have eliminated the problem of the lost or forgotten patient. Ward physicians and clinical directors are in close contact with all patients. More and more patients get out of the day room and into therapeutic activities. This in turn has raised the morale of the service.

Trial Visits Continue

For some years before the initiation of this integrated therapy staff program, intensive efforts had been made to get patients from the continued treatment service on trial visit status. By the time the program was fully operative most of the patients who had any chance were out of the hospital in one way or another, and we expected a falling off in trial visit and discharge rates. On the contrary, however, the staff meetings continue to bring up material previously overlooked and the trial visit and discharge rates hold up very well.

We are proud of this demonstration that an administrative program can materially benefit a clinical program.

Copies of Dr. Ozarin's bulletin, T.B. 10-504, Aug. 10, 1949 are obtainable from Veterans Administration Central Office, Washington, D. C. Full title: "An Integrated Treatment Program for Psychiatric Patients."

Public Relations

LAND GRANT COLLEGE STARTS MENTAL HEALTH COURSE

Dr. Max E. Witte, the public-relations-minded superintendent of the Mental Health Institute at Independence, Iowa, discovered, on giving a talk before a group of farm bureau women, that each township and each county had a chairman for public health. One of the topics to be presented at their meetings was mental health and Dr. Witte offered to give them a course of psychiatric lectures.

These women were also connected with the Extension Department at Iowa State College, and through this department two series of six lectures were organized. The audience came to the hospital and saw the various therapies in use before the lectures began.

The lectures themselves covered a brief introduction to psychiatry; functional psychoses, alcoholism and psychopathic personalities; the organic psychoses; epilepsy; mental deficiency; the behavior disorders of childhood; therapy.

Dr. Witte believes that this is a definite starting point for a larger program in preventive psychiatry, and suggests that a similar course might well be started in other states through contact with the Extension Service of the Land Grant College in the state. (2-8)

PROFESSIONAL WRITER TEACHES COMMUNICATIONS TECHNIQUES

Spring Grove State Hospital in Catonsville, Md. recently sponsored a course in direct, effective communication. The course was conducted by Mrs. Edith Stern, author of several popular books and numerous magazine articles on mental health subjects.

Mrs. Stern pointed out that the very people best qualified to tell the public about the patients' needs frequently lack the techniques of effective writing and speaking. To impress her point, Mrs. Stern distributed cards, each containing a sentence or passage from some published professional paper. Members of the group, which included psychiatrists, social workers, directors of nursing, and a coordinator of volunteers, were asked to rewrite the material so that anybody could understand it. This practical experience, accompanied by laughter over the verbosity and obscurity of the originals, established more vividly than a cumbersome set of rules many of the essentials of conveying thoughts simply, yet accurately. Mrs. Stern also emphasized the essence of "popular" writing—to make a point through a concrete example rather than by an abstraction.

The course was designed to help hospital workers on all levels to handle with greater ease and clarity the speaking and writing chores entailed by their work. Much of the content was centered upon interpreting the hospital's function to the public. One whole session was devoted to "showing visitors through the hospital" to give them a correct impression of good and bad features.

Need for Clear Thinking

The guide-lines for speaking and writing, said Mrs. Stern, were always the same: first, the need for the author himself to be clear about what he wished to say; second, to "slant" his speech or article to the comprehension and background of his listener or reader.

A questionnaire returned at the end of the course showed that almost everyone who attended felt the course had taught them to speak and write more effectively.

Any hospital or agency interested in arranging a similar course may contact Mrs. Stern at 1211 Pinecrest Circle, Silver Spring, Md. (2-10)

VARIED PROGRAM OF PUBLIC EDUCATION

During National Mental Health Week this year the State hospital at Moose Lake, Minn. developed a varied program designed to reach every resident in the nine counties served by the hospital. The staff conducts an active year-round program of public education in collaboration with P.T.A. groups, church organizations and other interested groups.

During Mental Health Week news stories and announcements concerning mental health were distributed to radio stations and newspapers throughout the area. Newspapers carried many feature stories and editorials. The hospital superintendent, Dr. Henry Hutchinson, and other staff members, visited high schools to discuss the problems of mental health with students and faculties. High-school and college classes and various church groups were invited to tour the hospital.

Some forty ministers and priests visited the hospital for a special Pastoral Institute arranged by the hospital chaplain. The Institute discussed the role of religious counselling in the maintenance of mental health.

Cash prizes were offered in a contest for a N.M.H.W. poster in cooperation with Moose Lake Public School and the prize-winning posters were displayed in down-town shop windows as well as at the hospital.

During the Week the hospital held open house for all visitors. Patients and student nurses, under the supervision of the occupational therapy department, prepared an exhibit of the major activities of the hospital. Using clay figures and miniature wooden models, the display portrayed such typical activities as an admission staff conference, a church service, recreational therapy, the dentist's office and various industrial and agricultural therapies.

Community Leaders Attend

As a climax to the week-long Open House, a special day-long program was planned for judges, legislators, welfare workers, editors and other community leaders. Each one was invited by personal letter. After a guided tour of the hospital, these guests were shown the Veterans Administration training film "Activities for Schizophrenia."

The day ended with a one-act musical comedy with an all-patient cast. Patients did staging, costuming and set designing for the performance.

Before the show, members of the staff explained the contribution of this type of activity to the total treatment program. The admission symptoms of two patients playing lead roles were described, so that the lay audience could see the improvement for themselves. Portions of this show were broadcast over the city television station. (2-11)

COMMENTARY

Dr. James E. Oltman, Clinical Director, and Dr. Samuel Friedman, Assistant Superintendent of Connecticut's Fairfield State Hospital, report on "Fractures of the Hip in Elderly Psychiatric Patients" in the August *Geriatrics*.

The Hogg Foundation for Mental Hygiene of the University of Texas has published in booklet form the newspaper series on the Texas State Hospital system. The booklet is entitled "My Brother's Keeper".

Worthy of special mention is the Biennial Report for 1950-52 of the California Department of Mental Hygiene. The highly readable, illustrated report, 96 pages long, covers all aspects of the Department's programs in its twelve hospitals (including Langley Porter Clinic) and seven mental hygiene clinics.

The programs and facilities of the Philadelphia Psychiatric Hospital are described in the August *Hospitals* in an article entitled "A New Concept of Care for the Mentally Ill." The authors are the hospital's administrator, Mr. Zvee Einbinder, and medical director, Dr. Samuel Cohen.

September's issue of *The Modern Hospital* carries an article on the man considered the "Father of American Psychiatry," Benjamin Rush. Dr. Rush's story is unique because of its place in national as well as medical history. The article is followed by a bibliography which mentions several writings dealing specifically with Dr. Rush's psychiatric theories.

The *Special Services Information Bulletin* (Veterans Administration) for August lists 25 stunts which have proved popular in on-the-ward recreation. The stunt sessions are patterned after the television program, "Beat the Clock," an audience-participation show.

The American Association of Psychiatric Social Workers, 1860 Broadway, New York 23, N. Y., announces the publication of "Practice of Social Work in Psychiatric Hospitals and Clinics." This is the report of a study conducted by the AAPSW under a research grant from the National Institute of Mental Health. The price is $2.00 per copy.

The July issue of *Minnesota Welfare* reports on two interesting projects concerning mentally retarded children. One is a Sunday School class held during morning worship at a Lutheran church in St. Paul, so that the parents can attend regular services. The class is composed of 14 mentally deficient children, from 5 to 22 years old. The other project is Opportunity Workshop, where training and employment in manual skills are available to mentally handicapped persons over 14 years old. The Workshop is set up in a 6-room house in Richfield, a small town near the Twin Cities, and is operated as a non profit corporation.

Included in a recent National Publicity Council Packet (of exemplary public education materials) was the pamphlet put out by the Mental Hygiene Association of Westchester County, N. Y. entitled "Susan Lives Behind an Invisible Wall." The 8-page folder describes the Association's efforts to help people like Susan.

The New York Department of Mental Hygiene introduced its latest public education booklet, "Haunted House", at the New York State Fair in a 35-foot exhibit simulating a real haunted house. The booklet's theme refers to "the 'ghosts' of the past, present, and future," and its text advises against useless worry over them. Single copies of "Haunted House" are available free from the Department, in Albany.

The Educators Progress Service of Randolph, Wisconsin has issued the 1953 editions of its guides to free teaching materials, slidefilms and films. These catalogs, which should prove useful to institutions which conduct academic classes for patients, describe literature and audio-visual aids which are available free from hundreds of industrial firms and welfare agencies. The film catalog, listing over 2500 titles, costs $6.00; the slidefilm listing, with 609 titles, costs $4.00; and the guide to curriculum materials (literature, maps, posters, exhibits, etc.) lists 1242 titles and costs $4.50 a copy.

The August issue of *Public Welfare in Ohio Today* reprinted the Cincinnati *Post's* tribute to Dr. E. A. Baber, who became Superintendent of Dayton State Hospital at the age of 28 and has been Superintendent of Longview State Hospital in Cincinnati since 1923. The newspaper praised Dr. Baber's pioneer efforts in psychiatric treatment, such as his being the first in the country to adopt electroshock therapy.

People & Places

Dr. Nolan D. C. Lewis retired on September 1 as Director of the New York State Psychiatric Institute. Dr. Lewis will serve as director of research in neurology and psychiatry of New Jersey hospitals and agencies, with headquarters at the Neuropsychiatric Institute at Skillman. . . . Dr. Oreon K. Timm, Chief of Professional Services at the 1700-bed V. A. neuropsychiatric hospital at Danville, Ill., has been appointed Manager. He succeeds Dr. L. E. Trent, who retired Sept. 30. . . . Dr. George L. Wadsworth is the new manager of the V.A.'s 577-bed N.P. hospital at Roseburg, Oregon. . . . Managers have been named for the V. A.'s three new 1,000-bed neuropsychiatric hospitals: Dr. Peter A. Peffer, Perry Point, Md., was transferred to the new hospital at Brockton, Mass.; Dr. Louis Verdel from Northport, N. Y. to Salisbury, N. C., and Dr. Stewart T. Ginsberg to the new Pittsburgh, Pa., facility from the GM&S hospital at Marion, Ind., where he was Chief of Professional Services. . . . Dr. Charles D. Yohe has replaced Dr. Frank W. Haas as Superintendent of the Yankton (S.D.) State Hospital. Dr. Yohe was formerly Clinical Director of Kentucky's Central State Hospital. . . . Norwalk State Hospital in California has been re-named Metropolitan State Hospital. California also passed legislation changing the state's institutions for mental defectives from "state homes" to "state hospitals." . . . Dr. I. Arthur Marshall resigned as Medical Director of the Pinel Foundation, Seattle, Washington, to enter private practice of psychiatry. His former Assistant, Dr. J. Brooks Dugan, was named Acting Medical Director. Dr. George P. Wyman has been appointed Superintendent of Central State Hospital, Ky., with Dr. Charles W. Morris as Clinical Director.